☐ Candidate Election Year: _

Form 700 - Employee

CALIFORNIA FORM 700	WE STATEMENTED !	ECONOMIC IN	ITEREST	Date Scolve
FAIR POLITICAL PRACTICES COMMISSION	MAR 0 3 2010 CO	VER PAGE		MAR 0 1 2010
Please type or print in ink.	A Pub	1	Becn	urces Agency of California
NAME (LAST)	(FIRST)	: <u>l</u> (MIDDL		DAYTIME TELEPHONE NUMBER
	, ,		-,	
Snow MAILING ADDRESS STREET	Lester CITY	A STATE I	ZIP CODE	(916) 653-7007 OPTIONAL: E-MAIL ADDRESS
(Business Address Acceptable)			00011	
1416 Ninth Street	Sacramento	CA	95814	
1. Office, Agency, or Cou	irt	4. Schedul	e Summar	У
Name of Office, Agency, or Court:		► Total number		4
Department of Water Resource	es .	including th	is cover page)
Division, Board, District, if applical	ble:		cable schedul	les or "No reportable
Division of Executive Services		interests."	sed interests	on one or more of the
Your Position:		attached sch		
Director		Schedule A-	1 🔲 Yes – s	schedule attached
 If filing for multiple positions, ils position(s): (Attach a separate 		Investments (t	Less than 10% Own	ership)
Agency: CA Bay Delta Authority	1	1	2 ⊠ Yes → s 10% or Greater Own	schedule attached
• •	,			schedule attached
Position: Member '		Schedule B Real Property		criedule attached
		Schedule C	✓ Yes – s	schedule attached
2. Jurisdiction of Office (Check at least one box)		Income, Loan		OSILIONS (Income Other than Gifts
		Schedule D		schedule attached .
☐ County of	-	Income ~ Gift		SOLEGIE BILGELIEG
☐ City of		Schedule E	⊠ Yes – s	schedule attached
☐ Multi-County		Income – Gift	s – Travel Paym	I
Other			-or	-
		No report	table interests	on any schedule
3. Type of Statement (ch	leck at least one box)			
☐ Assuming Office/Initial D	vate:/	5, Verificati	on	******
Annual: The period covered in through December 31, 2009.	s January 1, 2009,			e diligence in preparing this
•OI-		statement, I h	ave reviewed	this statement and to the best ion contained herein and in any
O The period covered is December 31, 2009.	_/, through	attached sched		
∠ Leaving Office Date Left: (Check one)			ury under the laws of the State oing is true and correct.	
⊗ The period covered is Januate of leaving office.	ary 1, 2009, through the	Date Signed .	3/1/1	(month, day, year)
-or-			1 i_	7 1
O The period covered is the date of leaving office.	Signature	The World on the	ned style scent nith Soul lili ng official.)	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Fair Oaks Rehabilitation & Fitness	
Name	Name
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$\times\$ \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION Husband	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST] \$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet of necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 1. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box; □ INVESTMENT □ REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE F APPLICABLE, LIST DATE; \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Pertnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Yrs, remaining Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FAIR POLITICAL PRE	
Name	 er ve englig, a eraka a vi ev.

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
8003 Sacramento Street	
CITY	city
Fair Oaks CA 95628	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000//	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	S100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Yrust
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 · \$499 ☐ \$500 · \$1,000 ☒ \$1,001 · \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
Income of \$10,000 or more.	income of \$10,000 or more.
	lending institutions made in the lender's regular course
	blic without regard to your official status. Personal loans
and loans received not in a lender's regular course of	f business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER'
•	
Citi Mortgage	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRCSS (Business Nations Nicceptation)
The Lakes, NV 88901	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Monihs/Years)
	%
_	
. HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
S500 - \$1,000	☐ \$500 - \$1,000 ☐ \$1,001 · \$10,000
	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Consenter II analisable	[Customer K contleaded
Guarantor, if applicable .	Guarantor, If applicable
Comments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM	
Name	

1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Fitzpatrick Physical Therapy			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
Placerville CA 95667	·		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Spouse's Income	<u> </u>		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED		
\$500 · \$1,000 \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000		
	S10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income	Spouse's or registered domestic partner's income		
Coan repayment	Loan repayment		
Sale of(Property, car, boal, etc.)	Sale of		
•	<u> </u>		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, Est each source of \$10,000 or more		
Other(Describe)	Other (Describe)		
	 		
> 2. 1.OANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER			
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
	· _		
ADDRESS (Business Address Acceptable)	% None		
)	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER			
) ;	Pool Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address		
☐ \$500 · \$1,000			
\$1,001 - \$10,000	Cây		
S10,001 - \$100,000	Guarantor		
☐ OVER \$100,000			
	Other (Doscriba)		

04-08-10;12:08PM;

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SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► NAME OF SOURCE		► NAME OF SOUR	► NAME OF SOURCE		
University of A	\rizona				
ADDRESS (Busines		le)	ADDRESS (Busin	ess Address Acc	ceptable)
Tucson AZ 85	721				
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIV	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Public Univers	sitv				
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 , 21 , 09	\$876.25	travel & lodging	- /	. \$	
	\$		-	. \$	
	\$		_	. \$	
► NAME OF SOURCE			► NAME OF SOUR	E	•
ADDRESS (Busines	's Address Acceptabl	θ)	ADDRESS (Busine	ess Address Acc	seplable)
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$		-	\$	
	\$		-	\$	
	\$	•		\$	
► NAME OF SOURCE	<u> </u>	•	► NAME OF SOURCE	E	
ADDRESS (Busines	s Address Acceptabl	e)	ADDRESS (Busine	ss Address Acc	reptable)
BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE	BUSINESS ACTIV	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i></i>	\$. /	\$	
	\$	•	-	\$	
	\$. <u></u>	\$	
Comments:					

04-08-10;12	OBPM;
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SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	NAME OF SOURCE
University of Arizona	TAINE OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Nobitado (poblicos naciona nocupitado)	Nobile of (business Acceptable)
CITY AND STATE	CITY AND STATE
Tucson AZ 85721	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public University	
	· · · · · · · · · · · · · · · · · · ·
DATE(S): 1 , 21 , 09 - 1 , 23 , 09 AMT: \$ 876.25	DATE(\$):/
(If applicable)	(If appicable)
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S): AMT: \$
(lf appicable)	(il appšcablo)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
,	
DESCRIPTION;	DESCRIPTION:
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•	•
Comments;	